



International Brotherhood of Teamsters

Information of Complaint or Grievance



Before using this form, the Grievant will first present the complaint to his Supervisor for discussion and possible solution. This form is to be completed by the Grievant and his Shop Steward only if the complaint cannot be resolved. The Supervisor shall then have (10) days to write a response providing a copy to the Grievant, Shop Steward and the Union Representatives.

Part 1 - To be completed by Shop Steward and Employee:

Employee information:

Name: _____ **File #:** _____ **Station/Dept.:** _____

Seniority Date: _____ **Classification:** _____ **Days Off(Include Dates):** _____

Shop Steward: _____ **Shift Start Time:** _____ **Local Union#** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Nature of Complaint:

Applicable Contract Provision(s) _____ **Date of Claimed Violation(s)** _____

Remedy Sought: _____

Supervisor First Contacted:(Name) _____ **Date of Contact:** _____

Date of Supervisors Oral Answer: _____

Case Facts :

(Give completed details including who, what, where, when, and why. Attach all records, forms, letters, or papers involved).

